

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

9774 -62-040816

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Principal Registration District No.

1003

Registrar's No.

9774

STATE FILE NUMBER

FILED OCT 19 1962

1. PLACE OF DEATH

a. COUNTY

St. Lou

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Alexian Pros, Hosp

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3005 Gasconade

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOSEPH

P

TOOHEY

4. DATE  
OF  
DEATH

Month

Day

Year

10-11-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-15-1899 63

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired)

Other

10b. KIND OF BUSINESS OR INDUSTRY

Busch Brewery

11. BIRTHPLACE (City and state or country)

St. Louis MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm J Toohey

13b. MOTHER'S MAIDEN NAME

May Mosey

14. NAME OF HUSBAND OR WIFE

Ann Block Toohey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, note unknown) (If yes, give dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ann Toohey 3005 Gasconade

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic Pneumonia  
Cirrhosis of Liver  
581.0

INTERVAL BETWEEN  
ONSET AND DEATH

2 DAYS

4 MONTH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 17 1962 to 10-10-62 and last saw her him alive on 10-10-62  
Death occurred at 7:30 A.M. 10-11-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John P. Carson, D.C.

22b. ADDRESS

3537 Arsenal St. (18)

22c. DATE SIGNED

10-12-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

10-13-1962 S.S. Peter & Paul Cem

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

St. Louis, Mo

24. FUNERAL DIRECTOR

ADDRESS

WINGBERMUEHLE 3819 So Grand Blvd

25. DATE RECD. BY LOCAL REG.

OCT 13 1962

REGISTRAR'S SIGNATURE

Joan Smith - M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*George J. Stymmer*

Licensed Embalmer No. 4611

P. O. Address

*St Louis 8 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.